



Labor**Staffers**™

Company Name
Employee Reports To

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the Customer.

Employee Name
Employee Signature

Day	Month/Date	Time In	Time Out	Lunch Period	Total Hours
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Week Ending Date		Office ID #		Week Total Hours	

Supervisor Approval	
Cross out any days not worked by employee. Approval includes verification of hours worked.	
X _____	Date _____